0/621,953

Application or Docket Number

100205421-1

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

| CLAMIS AS FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY TYPE | | OTHER THAN | | |
|--|--|--|---------------------|------------------------|------------|---------------------|------------------------|
| TOTAL CLAIMS | 1381 | | RATE | FEE | 1 | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC FEE | | OR | BASIC FEE | |
| TOTAL CHARGEABLE CLAIMS | 3 U minus 20= | * K4 | X\$ 9= | · | OR | X\$18= | 252 |
| NDEPENDENT CLAIMS | minus 3 = | | X42= | | OR | X84= | |
| AULTIPLE DEPENDENT CLAIM PRESENT | | +140= | | OR | +280= | 280 | |
| If the difference in column 1 is less than zero, enter °0" in column 2 | | | TOTAL | | OR | TOTAL | 1282 |
| (Column 1) | AMENDED - PAR (Colu | | SMALL | ENTITY | OR | OTHER | |
| CLAIMS REMAINING AFTER AMENDMENT Total kidependent * | HIGH NUM PREVIO PAID | BER PRESENT DUSLY, EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • | Minus ** | 34 - | X\$ 9= | | OR | X\$18= | |
| Independent + | Minus HA | | X42= | | OR | X84= | |
| T. H. S. T. G. Z. G. L. T. H. G. T. H. | OLIT PLEGG: LNOLN | OCHHI | +140= | | OR | +280= | |
| | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT, FEE | |
| (Column 1) | (Colu | | 700 | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total * Independent * | HIGH NUM PREVI PAID | BER PRESENT OUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * | Minus ** | a . | X\$ 9= | | OR | X\$18= | |
| Independent * FIRST PRESENTATION OF M | Minus MA | CI ANA | X42= | | OR | X84= | |
| | OCTA EL DEI CHOCK | CORN | +140= | | ΩR | +280= | |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) | (Colu | | | | | | . Also |
| CLAMS REMAINIG AFTER AMENOMENT Folel Independent * | PREVI | ETER PRESENT OUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ACON. TROMAL PEE |
| Total . | Maus ** | | X\$ 9= | | OR | X\$18= | |
| Independent * | Minus *** | = | X42≔ | | OR | X84= | |
| FIRST PRESENTATION OF M | ULTPLE DEPENDENT | CLAIM | +140= | | OR | +280= | |
| * If the entry in column 1 is less than t ** If the "Highest Number Previously P ***If the "Highest Number Previously P The "Highest Number Previously Pa | eld for in this space i ald for in this space | is less than 20, enter "20." Is less than 3, enter "3." | TOTAL ADOIT, FEE | cooriate box | OR | TOTAL ADDIT, FEE | - 10 A |